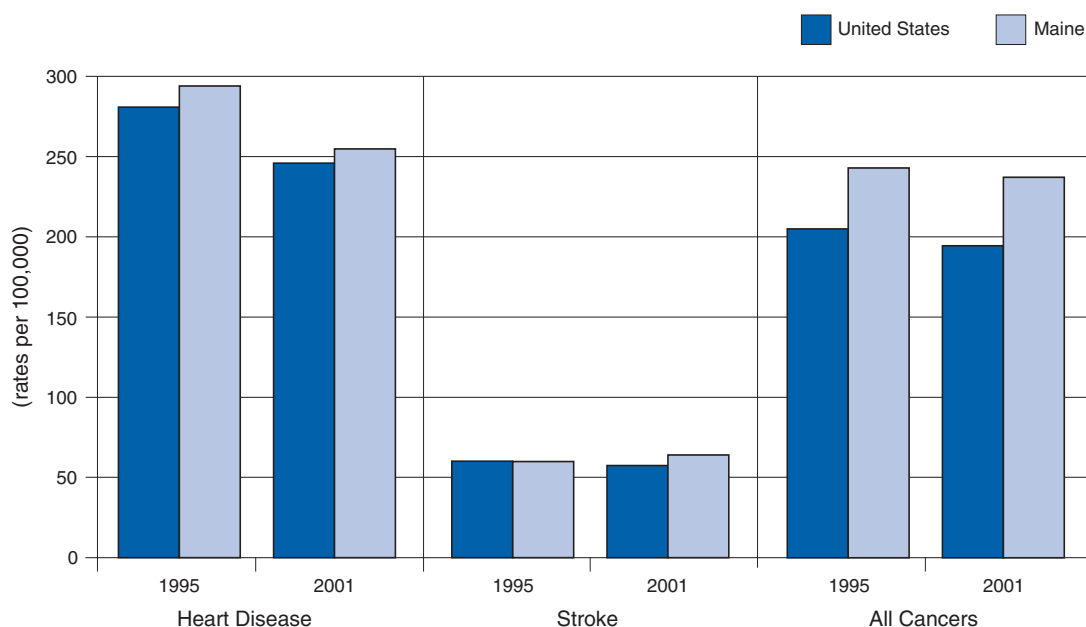


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Maine, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

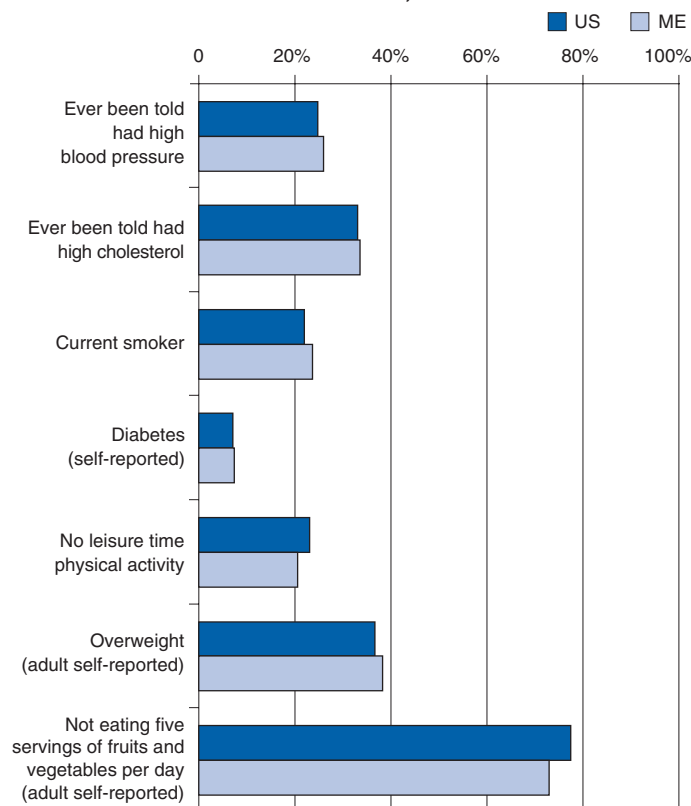
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Maine, accounting for 3,272 deaths or approximately 26% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 822 deaths or approximately 7% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 3,100 are expected in Maine. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 7,500 new cases that are likely to be diagnosed in Maine.

Estimated Cancer Deaths, 2004

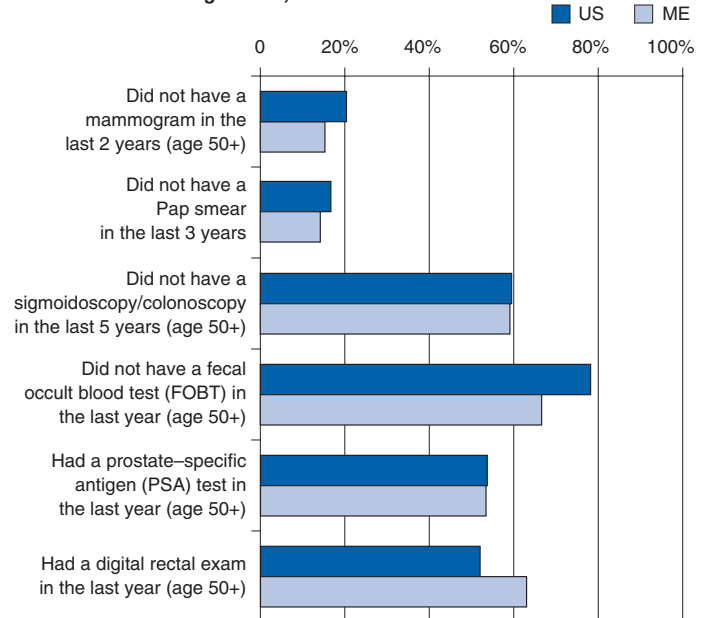
Cause of death	US	ME
All Cancers	563,700	3,100
Breast (female)	40,110	170
Colorectal	56,730	310
Lung and Bronchus	160,440	880
Prostate	29,900	150

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Maine's Chronic Disease Program Accomplishments

Examples of Maine's Prevention Successes

- Statistically significant decreases in cancer deaths among white men (301.4 per 100,000 in 1990 versus 259.3 per 100,000 in 2000).
- A 17.5% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 32.8% in 1992 to 15.3% in 2002).
- A prevalence rate that is higher than the corresponding national rate for individuals who reported that they were neither overweight nor obese (41.8% in Maine versus 40% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Maine in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Maine, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Maine BFRSS</i>	\$201,296
National Program of Cancer Registries <i>Maine Cancer Registry</i>	\$393,612
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>Heart Healthy and Stroke-Free in Maine</i>	\$1,155,913
Diabetes Control Program <i>Ambulatory Diabetes Education and Follow-up Program</i> <i>Maine Consortium for Clinical Office System Improvement (COSI)</i> <i>Maine Diabetes Cooperative</i> <i>Quality Assurance/Professional Education</i>	\$360,000
National Breast and Cervical Cancer Early Detection Program <i>Breast and Cervical Health Program</i>	\$1,527,658
National Comprehensive Cancer Control Program <i>Maine Cancer Consortium</i> <i>The Maine Comprehensive Cancer Control Plan 2001-2005</i>	\$245,406
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Maine Tobacco Prevention and Control Program</i>	\$784,598
State Nutrition and Physical Activity/Obesity Prevention Program <i>All Children Exercising Simultaneously (ACES)</i>	\$450,000
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$5,118,483

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Maine that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

Cardiovascular disease (CVD) is a serious public health concern in Maine. Although heart disease is the leading cause of death for both men and women age 65 and over, heart disease does not only affect the elderly—it is also the second leading cause of premature death in adults between the ages of 45 and 64. Although it is assumed that heart disease is a condition that primarily affects men, in 2001, 51.8% of Maine's total heart disease deaths were among women.

CVD is also a significant economic burden on the state. In 2000, there were over 29,000 hospitalizations in Maine attributed to CVD. The cost of CVD—which accounts for 25% of all Maine hospital costs—totaled \$437 million in 2000. In addition, Medicare or Medicaid payments cover 72% of Maine's CVD-related hospital charges.

To address these problems, the Maine Cardiovascular Health Program is working with a network of community, government, and health partners to explore prevention opportunities in neighborhood, school, work site, and health care settings. Together, these organizations are conducting programs, changing policies, and changing the environment to support children and adults in maintaining a tobacco-free lifestyle, eating healthy foods, being physically active, and maintaining a healthy weight. The Program and its network are working to ensure that health care organizations provide heart disease risk factor screening and treatment, that health care professionals are able to identify and treat heart disease, and that the unique needs of disparate populations are addressed. The components of the Maine Cardiovascular Health Program include:

- Assisting the 31 Healthy Maine Community Partnerships and other community groups to address physical inactivity, poor nutrition, tobacco use, high blood pressure, and high cholesterol.
- Assisting businesses in implementing low- or no-cost strategies to improve employee health.
- Developing and conducting a statewide media and public awareness campaign on physical activity and nutrition.
- Developing state-level policies that support individuals making healthy choices.

Data are from the Maine Cardiovascular Health Program Fact Sheet.

Disparities in Health

In 2000, the number of Hispanics living in Maine was 9,360, or 0.7% of the state's population, an increase of 37% from 1990. Since 97% of the state's population is white, data on health disparities are limited; however, the state is working to clarify health data for the Hispanic population.

A 2002 state Bureau of Health review of health data for the Hispanic population poses some inconsistencies regarding the health disparities that affect Maine's Hispanics. While clinic data from the Maine Migrant Health Program clearly indicate that Hispanic seasonal and migrant farmworkers are at a socioeconomic and health disadvantage, an analysis of data that is primarily focused on nonmigrant Hispanic populations in Maine paints a different picture. For instance, data from the U.S. Census, the Behavioral Risk Factor Surveillance System (BRFSS), the Bureau of Vital Statistics, and the Pregnancy Risk Assessment Monitoring System (PRAMS) suggest higher rates of health risk factors (physical inactivity, obesity, and hypertension) among Maine's Hispanics, but mortality data suggest that the state's Hispanics have lower age-adjusted death rates from chronic disease than whites and other racial and ethnic groups. Likewise, some data suggest that Hispanics in Maine have poor health status (shorter life expectancy and higher rates of domestic violence during pregnancy), while other data suggest the opposite (low infant mortality rates and higher rates of mammogram screening).

Socioeconomic data also suggest some inconsistencies. Census data regarding per capita income and education attainment, and data from PRAMS that identify childcare, transportation, and lack of insurance as barriers to health care services for Hispanics suggest that this population is at a socioeconomic disadvantage. However, low unemployment levels and BRFSS data on income levels and health insurance for this population suggest that the socioeconomic status of Maine's Hispanics is similar to that of other Maine residents.

These inconsistencies may be due to multiple factors, including:

- Possible undercounting by the Census and by other surveys;
- Possible inaccuracies and misclassifications in the collection of ethnicity data in health data sets;
- Statistical analyses problems, such as variant outcomes encountered when working with small sample sizes; and
- Cultural and socioeconomic diversity within Maine's Hispanic population.

U.S. Department of Health and Human Services | Centers for Disease Control and Prevention
SAFER • HEALTHIER • PEOPLE™

For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
E-mail: ccdinfo@cdc.gov | Web: <http://www.cdc.gov/nccdphp>